This form is a	pproved by the Illinois Supreme Court and is required to be accept	ed in all Illinois Appellate Courts.			
<b>Instructions ▼</b>	☐ THIS APPEAL INVOLVES A MATTER SUBJECT TO EX	PEDITED DISPOSITION UNDER			
Check the box to the right if your case involves custody, visitation, or removal of a child.	RULE 311(a).  Appellate Case No.:				
Enter the appellate court case number.	IN THE APPELLATE COUF	RT OF			
Just below "In the Appellate Court of Illinois," enter the	ILLINOIS District				
number of the appellate district where the appeal was					
filed.		Appeal from the Circuit Court			
If the case name in the trial court began with "In re" (for example,	In re	of County			
"In re Marriage of Jones"), enter that name. Below that,		Trial Court Case No.:			
enter the names of the parties in the trial court, and check the correct boxes to show which party filed the	Plaintiff/Petitioner (First, middle, last names)  Appellant Appellee	Honorable			
appeal ("appellant") and which party is responding to the appeal ("appellee").	v.	Judge, Presiding			
To the far right, enter the trial court county, trial court case number, and trial judge's name.	Defendant/Respondent (First, middle, last names)  Appellant Appellee				
	BYSTANDER'S REPORT				
In 1, enter all of the	Dates of Hearing or Trial:				
hearing or trial dates	a. Date: Time:	p.m. Judge:			

In 1, enter all of the hearing or trial dates that you will describe in this *Bystander's Report*. You also must enter the time each hearing or trial started and the name of the judge.

a.	Date:	Time:	_	p.m.	Judge:
b.	Date:	Time:	_	p.m.	Judge:
C.	Date:	Time:	_	p.m.	Judge:
d.	Date:	Time:	_	p.m.	Judge:
e.	Date:	Time:	☐ a.m. ☐	p.m.	Judge:

In 2, describe exactly what the judge, the parties, the witnesses, and the lawyers said or did in court during the hearings or trial, including any rulings the judge made. Be sure to include the date of each hearing. Use as much detail as you can. It is best to describe things in the order that they happened.

If you need more room, insert an Additional Bystander's Report Information form after

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand

and print your name.

**DO NOT** fill out this

here.

section. The judge will sign and date the form

Enter your address and telephone number.

this page.

DR	AFT
s/ four Signature	Otro at Address a
our Signature	Street Address
Print Your Name	City, State, ZIP
	Telephone
PPROVED	
udge	Date

## In 1a, enter the name, mailing address, and email address of the party or lawyer to whom you sent the document.

1.

In 1b, check the box to show how you sent the document, and fill in any other information required on the blank lines.

CAUTION: If the other party does not have a lawyer, you may send the document by email only if the other party has listed their email address on a court document.

In **c**, fill in the date and time that you sent the document.

In 2, if you sent the document to more than 1 party or lawyer, fill in a, b, and c. Otherwise leave 2 blank.

## PROOF OF SERVICE (You must serve the other party and complete this section)

l se	ent this do	cument:					
a.	To:						
	Name:						
		First	Middle		Last		
	Address						
		Street, Apt #	City	State	ZIP		
	Email ad	dress:					
b.	Ву:	Personal hand delive	ery				
		Regular, First-Class	Mail, put into the U.S	6. Mail with post	age paid at:		
	Address of Post Office or Mailbox						
	☐ Third-party commercial carrier, with delivery paid for at:						
		Name (for example, Fe	dEx or UPS) and office	e address			
	☐ The court's electronic filing manager (EFM) or an approved electronic						
		service provider (EFS	SP)				
		Email (not through an	EFM or EFSP)				
		Mail from a prison or	jail at:				

## I sent this document:

On:

At:

Date

Time

Name of prison or jail

a. To: Name: First Middle Last Address: Street, Apt # City ZIP State Email address: Personal hand delivery Regular, First-Class Mail, put into the U.S. Mail with postage paid at: Address of Post Office or Mailbox Third-party commercial carrier, with delivery paid for at: Name (for example, FedEx or UPS) and office address The court's electronic filing manager (EFM) or an approved electronic filing service provider (EFSP) Email (not through an EFM or EFSP)

			Mail from a priso	on or jail at:		
	C.	On:	Name of prison or	jail		
		At:	ate	a.m.		
In 3, if you sent the document to more than 2 parties or lawyers, fill	3. Ise	nt this do	ocument:			
in <b>a</b> , <b>b</b> , and <b>c</b> . Otherwise leave <b>3</b> blank.	a.	To: Name:				
		Address	First s: Street, Apt #	Middle City	Last State	ZIP
	b.	Email a By:	ddress: Personal hand c	,		
			Address of Post C Third-party com	Office or Mailbox mercial carrier, with deli	ivery paid for at:	
			The court's elections service provider	h an EFM or EFSP)		electronic filing
	C.	On:	Name of prison or	· jail		
If you are serving more than 3 parties or lawyers, fill out and insert 1 or more Additional Proof of Service forms after this page.		At:	Oate	a.m. $\square$ p.m.		
Under the Code of Civil Procedure, 735 ILCS 5/1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony.	a false	stateme	<del>-</del>	oof of Service is true a perjury and has penalt		and that making
If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name.		Signature Our Name				

Enter the Case Number given by the Appellate Court Clerk:\_